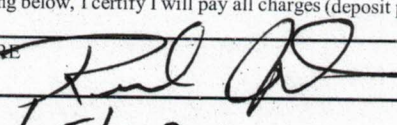


## TRANSCRIPT ORDER

DUE DATE:

PLEASE Read Instruction Page (attached):

1. YOUR NAME <b>RICHARD JAFFE</b>		2. EMAIL <b>RJAFFE@JJAFFE.COM</b>		3. PHONE NUMBER <b>713-857-8096</b>		4. DATE <b>1/25/23</b>	
5. MAILING ADDRESS <b>424 S. STUART 4TH FLOOR</b>				6. CITY <b>SAN ANTONIO</b>		7. STATE <b>TX</b>	
9. CASE NUMBER		10. JUDGE <b>WILLIAM B. SCHUBERT</b>		11. FROM <b>1/23</b>		12. TO	
13. CASE NAME <b>2:22-cv-02147-WBS</b>				14. CITY <b>SAN ANTONIO</b>		15. STATE <b>TX</b>	
16. ORDER FOR <input type="checkbox"/> APPEAL No. _____ <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
TRIAL		DATE(S)		REPORTER		HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL						<input type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION						<b>1/23</b>	
<input type="checkbox"/> OPENING STATEMENTS						<b>PRELIMINARY</b>	
<input type="checkbox"/> CLOSING ARGUMENTS						<b>INSTRUCTION</b>	
<input type="checkbox"/> JURY INSTRUCTIONS						<b>MOTION</b>	
<input type="checkbox"/>							
<input type="checkbox"/>							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
+14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES <b>1</b>	<b>68 x 5.45</b>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE 				PROCESSED BY			
20. DATE <b>1/25/23</b>				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			